

## Training Plan Amendment – New/Additional Supervisor Clinical Psychotherapist

**This form should only be used if you have an approved training plan on file with the BSRB and you are changing supervisors or adding an additional supervisor.**

### **I. Information regarding supervisee: (To be completed by supervisee)**

Name \_\_\_\_\_ LMLP Number \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
(Optional)

Work Site \_\_\_\_\_

Work Site address \_\_\_\_\_

Is this your previously approved worksite for your clinical training plan? Yes \_\_\_\_\_ No \_\_\_\_\_

**If "NO,"** you will also need to complete the Training Plan Amendment form for a new work site.

Please specify whether this is a new or an additional supervisor \_\_\_\_\_

Date to begin supervision: \_\_\_\_\_

Name of previously approved supervisor \_\_\_\_\_

End date, if applicable, with previous supervisor: \_\_\_\_\_

### **II. Information regarding new supervisor: [To be completed by Supervisor(s)]**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Professional credentials: Degree \_\_\_\_\_ Conferred on \_\_\_\_\_

License type and Number \_\_\_\_\_ State \_\_\_\_\_

Initial issue date of license \_\_\_\_\_ Expiration date \_\_\_\_\_

Have you practiced as a clinical psychotherapist for a minimum of two years beyond the date of clinical licensure? (Licensed Psychologist may skip this question) Yes \_\_\_\_\_ No \_\_\_\_\_

**If your answer is "No," you are not eligible to be a clinical supervisor.**

Are you currently under disciplinary investigation, sanction, or practice limitation or any other adverse action imposed by a state credentialing board or professional organization? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If your answer is "Yes," please explain fully in an attached, signed statement.**

**III. Information regarding the supervisory relationship: [To be completed by Supervisor(s)]**

**Please read K.A.R. 102-4-7a(c) before answering the following questions.**

1. Per K.A.R. 102-4-7(c)(1) - Do you have professional authority and responsibility for the supervisee's clinical functioning in the practice of masters level psychology? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you have a dual relationship with the supervisee? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do you have knowledge of and experience with the supervisee's client population? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you have knowledge of and experience with the methods of practice that the supervisee will employ? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do you have an understanding of the organization and administrative policies and procedures of the supervisee's practice setting? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Are you a staff member of the practice setting? Yes \_\_\_\_\_ No \_\_\_\_\_

**If not, please answer the following five questions:**

A. Do you have a sound understanding of the practice setting's missions, policies, and procedures? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Is the extent of your responsibility for the supervisee clearly defined in terms of client cases to be supervised, role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Is the responsibility for payment of supervision clearly defined? Yes \_\_\_\_\_ No \_\_\_\_\_

D. Is the supervisee paying the supervisor directly for supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

E. Does the supervisor maintain responsibility to the client and the practice setting? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Will you perform the following?

A. Provide oversight, guidance, and direction of the supervisee's clinical practice of master's level psychology by assessing and evaluating the supervisee's performance? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Conduct supervision as a process distinct from personal therapy, didactic instruction, or masters level psychology consultation? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Provide documentation of supervisory qualifications to the supervisee? Yes \_\_\_\_\_ No \_\_\_\_\_

D. Periodically evaluate the supervisee's clinical functioning? Yes \_\_\_\_\_ No \_\_\_\_\_

